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Carlene F. Jones (Depositor's name (Signature March 2, 2010

1	APPLICATION NO.	FILING DATE			
	ATTECATION NO.		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/665,530	09/22/2003	John S. Harchanko	·	
	TITLE OF INVENTION: O	PHOAT ET ENGENERINGERING	Join S. Harchanko	MEMS-0178-US	5923

LEMENT/DEVICE MOUNTING PROCESS AND APPARATUS

APPLN, TYPE	CMALL PARPERS							
	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755 1610	\$300	\$0	\$1035-	03/02/2010		
EXAM		ART UNIT	CLASS-SUBCLASS		P1810			
STULTZ, JESSICA T 2873			359-819000	•				
<ol> <li>Change of corresponds CFR 1.363).</li> </ol>	<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list				
Change of corresp Address form PTO/SE	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  Olds & Lowe, PLLC					
Number is required.	ication (or "Fee Address" 2 or more recent) attache	ca. Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE								
		•	(B) RESIDENCE: (CITY	and STATE OR COUNTR	RY)			
MEMS OPT	CAL, INC.		HUNTSVILLE	, ALABAMA				
Please check the appropris	ate assignee category or o	ategories (will not be ori	nted on the natenal . D	tantinian s (SI) a		_		
4a. The following fec(s) as Issue Fee Issue Fee Advance Order - #	re submitted:  o small entity discount per of Copies	4b.	Payment of Fee(s): (Pleass A check is enclosed. Payment by credit card. The Director is hereby a overpayment, to Deposi	Form PTO-2038, is attach	ously paid issue fee show	vn above)		
5. Change in Entity State	s (from status indicated a		Try many to Doposi	Account Number _50 =	1828 (enclose an ext	ra copy of this form).		
a. Applicant claims:	SMALL ENTITY status.	See 37 CFR 1 27	b. Applicant is no longe	r claiming SMALL ENTT	TV status See 27 CED 1	277-1/01		
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an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 This collection is estimated to take 12 minutes to complete, including gathering, preparing, and this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of them you require to complete Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Under the Paperwork Pediction A. 1860.

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